



United States Department of the Interior  
Bureau of Land Management  
Wyoming State Office



## Operating Plan for Commercial Outfitters and Competitive Permittees

BLM Permit,# \_\_\_\_\_  
(Agency Use Only)

This operating plan is what BLM uses to decide whether to issue you a permit. Once the permit is issued, this plan along with your compliance with permit stipulations will be evaluated at the end of the year/event.

COMPANY \_\_\_\_\_ DATE \_\_\_\_\_

Check all items that apply and fill in the blanks with details. If additional space is needed, attach supplemental pages. If a section does not apply, indicate with N/A.

**1. Company Information:** (Circle one) Individual Partnership Corporation

a. Owner/Partner(s)

Names: \_\_\_\_\_  
\_\_\_\_\_

b. Phone number where messages are regularly picked up: (\_\_\_\_) \_\_\_\_\_

c. Other contact if you are unavailable (emergencies only):

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

d. Do you use radio communications for operations or emergencies? ☐ Yes ☐ No

e. If yes, what frequencies do you use? \_\_\_\_\_

f. Year company was established: \_\_\_\_\_ Years with current owner: \_\_\_\_\_

g. What services does your company offer that is unique for clients/visitors on public lands?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Estimate the amount and season of use expected this year.** This can be done by day, week, season, month, or type of activity. (Attach another sheet if needed.)

ACTIVITY	USE DATES		EST. TOTAL # OF CLIENT DAYS	LOCATION
	BEGIN	END		
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____
_____	_____	to _____	_____	_____

**3a. River Related Services and Competitive Events** (List # of craft owned and check all other services provided): If you are not providing services on rivers, please go on to #3b.

- ☐ Boating: ☐ Oar Rafts ☐ Canoes ☐ Kayaks ☐ Inflatable Kayaks ☐ Motorboats ☐ Jet Skis  
☐ Drift Boats ☐ Paddle Boats ☐ Other: \_\_\_\_\_  
☐ Fishing ☐ Photography ☐ Shuttle Service  
☐ Instructional Classes (Describe): \_\_\_\_\_  
☐ Services for People with Disabilities (Describe): \_\_\_\_\_  
 \_\_\_\_\_  
☐ Competitive Event (Describe): \_\_\_\_\_  
☐ Other (Describe): \_\_\_\_\_

**b. Duration:** ☐ Day Use ☐ Overnight Use

**c. Do you rent boats or other equipment?** ☐ Yes ☐ No

If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**d. Location where you propose to operate:**

RIVER NAME/SECTION	PUT-IN	TAKE-OUT	FREQUENT STOPS/CAMPS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**4a. Upland Outfitting and Competitive Events** (Check all that apply):

- ☐ Guide Service ☐ Deer/Elk ☐ Lion/Bear ☐ Fishing ☐ Other Game  
☐ Packing Service (camps, game, etc.) ☐ Horseback Trail Rides ☐ Mountain Bike Rides  
☐ Cross Country Skiing ☐ Snowmobile Tours ☐ 4-W Drive Tours ☐ Horse & Pack Animal Rent/Deliv.  
☐ Services for People with Disabilities (Describe): \_\_\_\_\_  
 \_\_\_\_\_  
☐ Competitive Event (Describe): \_\_\_\_\_  
 \_\_\_\_\_  
☐ Other (Describe): \_\_\_\_\_

**b. Duration:** ☐ Day Use ☐ Overnight Use

**c. Are you proposing to set up temporary facilities, caches, or staging facilities?** ☐ Yes ☐ No

(Please list by Township, Range, Section and subdivision to nearest 40 acre parcel.)

Location	Dates of Use	BLM, USFS, State, or Private Lands?
_____	___ to ___	_____
_____	___ to ___	_____
_____	___ to ___	_____
_____	___ to ___	_____
_____	___ to ___	_____
_____	___ to ___	_____

**d. Are you proposing to set up base camp or spike/drop camps?** ☐ Yes ☐ No If yes, please complete the following and describe facilities that you are providing for each:

	Dates of Use	BLM, USFS, State, or Private Land?
Location: _____	_____ to _____	_____
Facilities: _____		
Location: _____	_____ to _____	_____
Facilities: _____		
Location: _____	_____ to _____	_____
Facilities: _____		
Location: _____	_____ to _____	_____
Facilities: _____		
Location: _____	_____ to _____	_____
Facilities: _____		

(Camps and facilities located on BLM public lands are subject to BLM Field Office Manager's approval.)

**e. Are you requesting authorization to camp more than 14 days at one place?** ☐ Yes ☐ No

Location: _____	_____ to _____	_____
Location: _____	_____ to _____	_____
Location: _____	_____ to _____	_____
Location: _____	_____ to _____	_____
Location: _____	_____ to _____	_____

## 5. Pack and Riding Animals

Do you provide riding horses? ☐ Yes ☐ No Do you provide pack animals? ☐ Yes ☐ No

Type(s) available: Write in # Horses \_\_\_\_\_ Mules \_\_\_\_\_ Other \_\_\_\_\_

Describe how animals are fed, watered, and controlled when on the public lands (corrals, tethers, etc.):

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**6. Transportation:** List all vehicles used - trucks, buses, vans, trailers, ATVS, snowmobiles, etc.:

Year	Make	Model	Type	Color	License or Snowmobile Registration #	State
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

## 7. Food/Beverages

a. Do you provide food? ☐ Yes ☐ No

Check if provided: ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Snacks

b. Cooking facilities (Check all that apply): ☐ Stove ☐ Wood Fire ☐ Charcoal Fire ☐ Firepan

c. Do you provide potable water? ☐ Yes ☐ No

If yes, check method: ☐ Bottled Water ☐ Filter ☐ Boiled ☐ Chemicals ☐ Other: \_\_\_\_\_

## 8. Sanitation

Toilets (check): ☐ Pit ☐ Portable ☐ Chemical ☐ Carryout ☐ Other: \_\_\_\_\_

If human waste is carried out, please describe:

Solid Human Waste Removal \_\_\_\_\_

Liquid Human Waste Practices \_\_\_\_\_

## 9. Safety and Rescue information

Check safety and rescue equipment carried on each trip (Indicate # of item or check all the apply)

☐ First Aid Kits ☐ First Aid Station ☐ Signaling Device ☐ PFD's ☐ Fire Extinguisher

☐ Spare Motor ☐ Throwable Rescue Device ☐ Other: \_\_\_\_\_

## 10. Persons that are authorized to represent your business: (List the name, address and position of all employees, guides, part time, and contracted help): Attach another sheet if needed.

Name	Address	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*List must be updated within 2 weeks of hiring or firing employees.*

## 11. Background information: List other permitted areas or rivers (Please include the authorizing state or federal agency and office location.) \_\_\_\_\_

**In the past two years, have you or any of your company representatives or employees been convicted of a federal, state, or local violation in connection with guide/outfitting operations or associated activities?** ☐ Yes ☐ No

**Have you had a BLM or USFS permit denied, suspended, or revoked?** ☐ Yes ☐ No

If yes to either question, explain: \_\_\_\_\_

I certify that the information given by me in this application is true, accurate, and complete to the best of my knowledge. I acknowledge that I (we) am (are) required to comply with requirements and stipulations on Form 2930-1 and any additional stipulations that are required by the authorized officer when the permit is issued. I further understand that the provision of false information, or the failure to keep this Operating Plan or other permit information updated, are grounds for probation, suspension, or revocation of the permit.

\_\_\_\_\_  
Permittee/Applicant

\_\_\_\_\_  
Date